



Bridging the Gap for Iowans with Mental Health Issues

PROPOSAL 11-17-11

To: the Redesign Interim Committee, DHS, and State Legislature

From: the Iowa Mental Health Planning Council

The proposal is to restructure how Community Mental Health Block Grant Funds can be utilized in Iowa to help fund the system and facilitate the goals of redesign.

Present Distribution of \$3.25 M	Proposed Distribution of \$3.25 M	Estimated Dollars
70% to Community Mental Health Centers	65% to Regional entities	\$2,112,500 (e)
25% to projects chosen by DHS	20% to projects of statewide significance	\$ 650,000 (e)
5% to administrative costs	5% to administrative costs	\$ 162,500 (e)
	10% to Consumer/Family entities/projects	\$ 325,000 (e)

- The State of Iowa each year receives approximately \$3.25 million in federal Mental Health Block Grant (MHBG) funding. These monies are provided by the Substance Abuse and Mental Health and Service Administration (SAMHSA).
- There is a precedent for the allocation of a portion of these funds to particular recipients due to present state legislation. Present state legislation requires 70% of block grant funds be awarded to community mental health centers. The present legislation would need to be repealed and new legislation passed to accomplish the aims of this proposal.
- SAMHSA Block Grant funds will be directed toward four purposes in the new federal guidelines just published in the Federal Register in 2011 (FY 2012-2013 Block Grant Application Planning Section – page 4):
 - 1) to fund priority treatment and support services for **individuals without insurance** or for whom coverage is terminated for short periods of time;
 - 2) to fund those priority treatment and support **services not covered by Medicaid, Medicare or private insurance** for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery;
 - 3) to fund **primary prevention** – universal, selective and indicated prevention activities and services for persons not identified as needing treatment; and
 - 4) to **collect performance and outcome data** to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and to **plan the implementation of new services** on a nationwide basis.

The 13 target populations to be reached with Mental Health and Substance Abuse Block Grant funds are:

1. Children with SED and their families
2. Adults with serious mental illness
3. Persons who are intravenous drug users
4. Adolescents with SA and/or mental health problems
5. Children and youth who are at risk for mental, emotional, and behavioral disorders
6. Pregnant women who have a SUD and/or MH disorder
7. Parents with SUD and/or MH disorders and who have dependent children
8. Military personnel (active, guard, reserve, and veteran) and their families
9. American Indians/Alaska Natives
10. Individuals with tuberculosis and other communicable diseases
11. Persons with/or at risk of HIV/AIDS and in need of MH or SA intervention, tx, or prevention services
12. Individuals with MHD and/or SUD who are homeless or involved in criminal justice or juvenile justice systems
13. Individuals with MHD and/or SUD who live in rural areas

The Iowa Mental Health Planning Council proposes the State Legislature change the allocation methodology of monies from the MHBG to facilitate the goals of redesign by:

1. Allocating the funds to the Regional entities instead of community mental health centers

Via formula, block grant funds are presently divided among 40 or so community mental health centers (CMHC). The amount each receives is appreciated but is of a minor amount - the requirements, paperwork and reporting involved are burdensome for the CMHC's and the state. Redirecting the funds to 5 to 15 Regions will reduce the burden and the block grant funds will be at the Regional level like other funds are anticipated to be held.

In the Redesign, Regions will be responsible for core services that may or may not be covered by Medicaid. Regions will be asked for help from individuals who are not eligible for Medicaid. The new purposes of the block grant funds fit nicely into providing an additional source of funding for non-Medicaid services and services for Medicaid ineligible persons.

2. Directing 10% of funds to help grow consumer/family projects and services

- The redesign workgroup process and the regional public forums have illuminated the benefit of adequate Consumer/Family participation in mental health and disability services. They provide a powerful recovery voice in the delivery of services from their unique perspective.
- Consumer/Family leadership will be essential in the monitoring of the new regional system. The Regional Workgroup has had discussions about the availability of Consumer/Family members on regional boards and panels. Funding for family/consumer entities/projects will generate a pool of peer leaders and peer providers for state and regional boards, committees and projects.
- Examples of Family/Consumer projects already funded from block grant dollars: the Office of Consumer Affairs, Peer Specialist training and consumer conference stipends.
- In 2009, SAMHSA began Statewide Consumer/Family Network Grants for the purpose of developing leadership and enhancing sustainability of such organizations. The Iowa Advocates for Mental Health Recovery (IAMHR), for example, was a recipient organization. With skills developed, IAMHR applied and received the Office of Consumer Affairs (OCA) contract through DHS.
- Many Consumer/Family organizations have contributed to the redesign effort in identifying suitable core services and gathering voices. It is apparent that ongoing Consumer/Family leadership and the related recovery service providers can be located, developed and nurtured through Consumer/Family driven organizations now existing in Iowa.
- The State Olmstead Real Choices document outlines the importance of consumer and family member participation in not only services provided, but how services are developed, implemented, evaluated, etc.

3. To distribute the MHBG funds as recommended in the chart at the top of this document.

The Iowa Mental Health Planning Council voted at their Council meeting on 11-16-11 to forward this request to the Interim Committee, DHS, and 2012 State Legislature.

It is requested that the Interim Committee, DHS and the 2012 State Legislature consider the allocation as proposed to enhance recovery and lower costs of mental health and wellness.

Teresa Bomhoff, Chairperson
Iowa Mental Health Planning Council